Vended Meals for CACFP   **Daily Delivery Ticket**

Organization: Complete sections in grey. Vendor: Complete all other sections.

Vendor Name: _____

Organization Name:_____

Date:_____   Departure Time: _____   Arrival Time: _____

Meal(s) Delivered: [ ] Breakfast   [ ] AM Snack   [ ] Lunch   [ ] PM Snack   [ ] Supper

If there are substitutions, please note "sub for___" next to the item. Please initial once the temperature of each item has been taken.

Meal Service	Items	Quantity (Total & # of Servings)	Departure Temp	Arrival Temp
Breakfast			Initials:	Initials:
AM Snack			Initials:	Initials:
Lunch			Initials:	Initials:
PM Snack			Initials:	Initial:
Supper			Initials:	Initials:

Indicate any shortage, spoilage, damage, or inappropriate arrival temperature:

_____

Corrective action:_____

_____   _____
Organization Representative (Printed Name)   Organization Representative (Signature)

_____   _____
Vendor Driver (Printed Name)   Vendor Driver (Signature)